

## Foster Family Home - Corrective Action Report

Provider ID: 1-631300

Home Name: Mary Jane Dela Pena, CNA

Review ID: 1-631300-9

94-1336 Huakai Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 10/15/2020

### Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

CCFFH inspection for a 2 person CCFFH recertification completed.

Corrective Action Report issued during CCFFH inspection with all items due within 30 days.

6.(d)(1)- see applicable sections of the review

### Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- CG#2's APS/CAN lapsed on 3/21/19 and renewed on 9/27/19.

### Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- No Monthly Fire Drill completed for the months from June 2020 thru September 2020.

### Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.(d)(2)- Client #2's Service Plan does not reflect the doctor's order for [REDACTED]

## Foster Family Home - Corrective Action Report

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(4)- Emergency exit door's pathway near the living room was obstructed with multiple items such as a large ceramic pot, multiple shoes, laundry clothes hanger, ice cooler chest, plastic chairs, etc.

49.(c)(3)- Client #1's windows were obstructed from the outside with a large piece of plywood, a large garbage bag, some metal objects, etc. Client #2's windows were also obstructed with a large piece of plywood and a large garbage bag.

Foster Family Home

Quality Assurance

[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e)- No doorbell buzzer/intercom at the gate- there is a "Beware of Dog" sign and a large chained up dog on the inside of the gate.

Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;


Comment:

54.(c)(5)- Medication discrepancies noted for Client #1 and Client #2.

Client #1- One medication dosage label does not match the doctor's order and the Medication Administration Record (MAR).

Client #2- One medication's dosage was transcribed incorrectly in the MAR compared to the doctor's order and medication label. One medication was not transcribed in the MAR with doctor's order and medication was on hand.

54.(c)(6)- RN Visit Summary for the months of July 2020 and August 2020 were missing in Client #2's chart/binder.

*Maribel Nakamura, RN*  
  
Compliance Manager

*10-15-20*  
Date

*Manigane del Pino*  
Primary Care Giver

*10-15-20*  
Date

CTA RN Compliance Manager: MARIBEL NAKAMINE

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: MARY JANE DELA PENA

(PLEASE PRINT)

CCFFH Address: 94-1336 HUAKAI ST WAIPAHU, HI.96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8a.(2)	CG#2 APS/CAN cant'be resolve	9/27/19	use calendar as a reminder,to renew on time.
46.(a)	Fire drill on october completed.	10/17/20	used calendar for reminder to do fire drill every month.
47(d) (2)	client#2service plan is been updated	11/02/20	CM,RN will check and apdate the client service plan.
49.(a) (4)	emergency exit,pathway near the living room and all	10/17/20	Will mentain,and ovserved cleanliness for the emergency pathway.
49(c) (3)	all obstracted items by client#1outside the window beebremoved	10/17/20	Don't stack any item that can cover the air ventilation comming from outside client room.
50.(c) (5)	door bell had been installed	11/30/20	door bell will remain in place and working at all time.
54(c) (5)	client#1 andclient #2 medication list has been fixed	11/02/20	C#1 [REDACTED] mistakenly printed as [REDACTED] change to [REDACTED] client #2 family bought [REDACTED] change to [REDACTED] and pcg.will check the right dose client med list.
54.(c) (6)	RN visit summary report for July and August is been place in client binder.	10/15/20	CM,RN and PCG check the report in client binder every visit.

☒ All items that were fixed are attached to this CAP

PCG's Signature: Mary Jane V. Dela Pena

Date: 11-9-2020

☐ CTA has reviewed all corrected items